

The Avenues Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 20 October 2015. A breach of legal requirements was found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.
- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.
- Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – fit and proper persons employed.

We undertook this focused inspection on 9 June 2016, to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for The Avenues Medical Centre on our website at www.cqc.org.uk

From the inspection on 20 October 2015, the practice were told they must:

- Improve recruitment arrangements and all necessary employment checks for all staff.
- Complete risk assessments for the full environment. Additionally, blinds on the windows and the blind loop cords were safe and secured as these could potentially be a choking hazard to small children when attending the surgery. Refer to Estates and Facilities Alert (EFA/2015/001 issued 26 January 2015).
- Implement a system of reporting incidents without fear of recrimination and monitor learning from outcomes of analysis, patterns and trends of incidents.
- Monitor the prevention and control of infection.
- Complete health and safety risk assessments on the environment to reduce the risk of harm to patients.
- Review the practice facilities in respect of disabled access.
- Ensure systems are in place for identifying and monitor the completion of training for all staff in order for them to carry out their duties effectively and safely.
- Implement a clear defined leadership structure and business planning arrangements to provide effective succession planning.

Summary of findings

- Complete risk management and assessments for the access and safety of the building premises for patients with limited mobility.

We found that on the 9 June 2016 the practice now had improved systems in place.

- Records we looked at confirmed that staff recruitment checks had been completed.
- We saw that health and safety risk assessments had been completed on the practice premises and environment including for patients with limited mobility and assessment adjustments to the blinds.
- The practice policy and procedures had been updated to include a mechanism for all staff to record incidents and concerns without fear of reprimand and staff we spoke to were clear about their duties in relation to this.

- We saw that the practice had completed hand washing audits and cleanliness checks. Additionally, a recent infection control audit had been commissioned and action points identified. Some of the action points were completed and some were in the process of completion.
- Records we looked at confirmed training for all staff had been updated and a responsible lead member of staff was allocated the duty to monitor training progress.
- We saw records that defined key leaderships roles in the practice and staff we spoke with understood their roles.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG).
- There was a strong focus on continuous learning and improvement at all levels.

Good



The Avenues Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector.

Why we carried out this inspection

We undertook an announced focus inspection of The Avenues Medical Centre on 9 June 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 20 October 2015 had been made. We inspected the practice against two of the five questions we ask about service: is the service safe and is the service well-led. This was because the service was not meeting some legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We reviewed policies, procedures and other information the practice provided before and during the inspection. To get to the heart of patients' experiences of care, we asked the following questions:

- Is it safe?
- Is it well-led?

We carried out an announced visit on 9 June 2016. During our visit we spoke with a range of staff from reception and, clinical teams and the practice manager.

Are services safe?

Our findings

Safe track record and learning

The practice had fully integrated its significant events process to include full reviews of events, outcomes and record all events that had occurred. Staff we spoke with confirmed improvements had been implemented to record incidents openly by using a log to record any level of incident that occurred. The practice had also introduced six monthly incident review incorporated within the clinical practice meetings. Records we looked at showed trends and analysis was reviewed and documented. An example of the trend analysis showed that communication in the practice was a high scoring incident and the practice had arranged specific training on conflict resolution and communication to address this.

Overview of safety systems and processes

The practice could fully demonstrate a safe track record regarding, health and safety and infection control.

- A notice was displayed in the waiting room, advising patients that appropriate staff would act as chaperones, if required. Reception and clinical staff who acted as chaperones had received a disclosure and barring check (DBS). The practice had a list of staff that were eligible to conduct chaperone duties and updated this in conjunction with patient need. Records we saw confirmed this. The policy was also updated to reflect the procedures for staff.
- The practice had completed a number of risk assessments to monitor safety of the premises. For example, the patients waiting area had blinds on the windows and the blind loop cords were safe and secured accordingly to reduce the risk of a choking hazard to small children when attending the surgery. An Estates and Facilities Alert (EFA/2015/001 issued 26 January 2015) was issued by the Department of Health explaining that looped cords and chains on window blinds continued to present a strangulation hazard to children and vulnerable adults.
- The practice had completed a full risk assessment of the practice environment including access and safety of the building premises for patients with limited mobility.

Records we looked at confirmed this. For example, clinical rooms had been rearranged on the ground floor to accommodate improved access and a private patient room was implemented for patients who felt anxious and could be supported away from the waiting area.

- Suitable arrangements were in place to manage cleanliness and hygiene within the practice. The practice had a nominated lead for infection control procedures. Records showed that all GPs had received up to date training regarding infection control. A dedicated member of staff had been given lead responsibility to monitor training progress and report uncompleted training directly to the practice manager. An infection control audit had been completed in February 2016 which was satisfactory. We saw records of regular hand washing audits completed by the practice manager. All carpets had been cleaned and there was a cleaning schedule and cleaning checks completed. Records we saw confirmed this. All patient chairs had been replaced by ones that were suitable for cleaning. Clinical rooms were scheduled to have their floor coverings replaced by hard flooring that was suitable for cleaning. We saw records that arrangements had been confirmed with an appropriate contractor to complete this.
- The disabled toilet had an increased high toilet bowl to allow safe and proper access when getting both on and off into a standard size wheelchair. Hand washing facilities in the disabled toilet where elbow operated which meant that patients could operate taps due to their restricted mobility and encouraged to appropriate hand hygiene. We saw that risk assessments had taken place to the premises for patients with limited mobility needs. The risk assessment indicated that internal doorways and entrance could not be altered due to the configuration of the building. However, the risk assessment indicated supporting action to assist patients with limited mobility. For example, all clinical consultation rooms were moved to the ground floor and a private patient room could be utilised as a clinical consultation room when required. Additionally, signage was placed in the front entrance indicating to patients with limited mobility that further assistance could be requested.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision and a strategy and all staff was aware of this and their responsibilities in relation to it. A documented leadership structure was in place. Records we saw confirmed this. For example, lead roles were identified for clinic areas, notes summarising, media and communications and reporting.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Other governance systems in the practice were underpinned by:

- Health and safety risk assessments for the practice and the environment had been completed to ensure the risks to patients and staff were minimised.
- Blinds on the windows and the blind loop cords were safe and secured as these could potentially be a choking hazard to small children when attending the surgery. Refer to Estates and Facilities Alert (EFA/2015/001 issued 26 January 2015).
- A clear leadership staffing structure had been documented and implemented.

- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis, patterns and trends of incidents was fully implemented. Staff we spoke with were able to relate to particular incidents that they had raised as a result of updating their policies and procedures.
- Policies and procedures were available to all staff through the practice computer system, and arrangements to ensure staff had read and understood these were implemented.
- We saw records of a recent infection control audit completed by a third party provider. The overall score achieved was 79%. An action plan had been submitted to the practice and we noted that some actions had already been completed. For example, patient seating was suitable for cleaning type, we saw audits of hand washing techniques, the carpets had been fully cleaned and were clean and fresh and computer keyboards had protective covers fitted. Additionally, cleaning audits had been completed in consultation with the domestics and actions taken to improve the general cleaning of the environment.
- A system of continuous audit cycles demonstrated improvement in patients' care. We saw records that the practice had completed a review of its clinical audits for 2015 and had developed an action plan for further audits. Nursing staff had attended recent clinical audits and had provided input to future audit activity. A recent audit of urgent referrals where cancer is suspected (patient 'two week wait') had been carried out in April 2016 and scheduled for re-audit in October 2016.

Leadership, openness and transparency

The practice had a documented leadership structure which set out the clinical and organisational responsibilities of staff. The staff we spoke with were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.